DOCUMENT RESUME

ED 335 831 EC 300 573

TITLE Guidelines for Occupational Therapy Practice in Educational Environments in the State of Delaware.
INSTITUTION Delaware State Dept. of Public Instruction, Dover. Exceptional Children/Special Programs Div.
REPORT NO 95-01/90/11/04
PUB DATE Dec 90
NOTE 33p.; Developed by the School System Task Force of the Delaware Occupational Therapy Association, in cooperation with the Exceptional Children/Special Programs Division. For a related document, see EC 300 569.
AVAILABLE FROM State Director, Exceptional Children/Special Programs Division, Department of Public Instruction, P.O. Box 1402, Dover, DE 19903.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Ancillary School Services; Definitions; Delivery Systems; *Disabilities; Educational Planning; Elementary Secondary Education; Guidelines; Individualized Programs; Intervention; Occupational Therapists; *Occupational Therapy; Occupational Therapy Assistants; Physical Therapy; Postsecondary Education; Referral; Standards; *State Standards; Student Evaluation
IDENTIFIERS American Occupational Therapy Association; *Delaware

ABSTRACT

These guidelines are intended to direct the provision of quality occupational therapy services in educational environments in Delaware. The first section presents a discussion of definitions concerned with: (1) free appropriate public education; (2) related services; (3) occupational therapy services; (4) physical therapy services; and (5) relationship of occupational therapy and physical therapy (comparing the primary focus of each service). Specific guidelines are then presented for the following areas: referral, assessment (including screening, evaluation, and reevaluation); student-related planning (the Individualized Education Program and the Occupational Therapy Intervention Plan); intervention; transition services; discontinuation; documentation; and management. An appendix presents the standards of the American Occupational Therapy Association for occupational therapy services in schools. Includes five references. (DB)

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GUIDELINES FOR OCCUPATIONAL THERAPY PRACTICE IN EDUCATIONAL ENVIRONMENTS IN THE STATE OF DELAWARE

December, 1990

DELAWARE DEPARTMENT OF PUBLIC INSTRUCTION
EXCEPTIONAL CHILDREN/SPECIAL PROGRAMS DIVISION

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GUIDELINES FOR OCCUPATIONAL THERAPY PRACTICE IN EDUCATIONAL ENVIRONMENTS IN THE STATE OF DELAWARE

Developed by the School System Task Force of the Delaware Occupational Therapy Association, in cooperation with the Exceptional Children/Special Programs Division of the Department of Public Instruction

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EXECUTIVE SUMMARY

The purpose of these guidelines is to present administrators, educators, occupational therapists, other professionals and parents with a guide for the provision of quality occupational therapy (OT) services in educational environments. Over the years, occupational therapists have observed considerable variation in the delivery of occupational therapy services provided in Delaware schools. Standards of practice and guidelines exist in other areas of occupational therapy. Those standards and guidelines help ensure a minimum quality of therapy services which is important for the consumer of those services. The guidelines presented in this document represent the commitment of the Department of Public Instruction and Delaware occupational therapists to quality occupational therapy programs. The dissemination of the guidelines by the Department of Public Instruction will promote a minimum quality of occupational therapy practice in Delaware educational environments.

The document includes sections on definitions, services, documentation, qualifications of occupational therapists, standards of occupational therapy practice and the delineation between occupational therapy and physical therapy.

The Delaware Occupational Therapy Association (DOTA) appointed a group of therapists to draft the guidelines. The guidelines have been reviewed by therapists practicing in a wide variety of educational settings. These therapists are employed directly by the schools or they are under a contractual arrangement. The guidelines were accepted by the Board of the Delaware Occupational Therapy Association. The guidelines were developed in cooperation with the Exceptional Children/Special Programs Division of the Department of Public Instruction.

Additional copies of this document may be obtained by writing to the State Director, Exceptional Children/Special Programs Division, Department of Public Instruction, P.O. Box 1402, Dover, Delaware 19903.

GUIDELINES FOR OCCUPATIONAL THERAPY PRACTICE IN EDUCATIONAL ENVIRONMENTS IN THE STATE OF DELAWARE

PURPOSE

The purpose of these guidelines is to present administrators, educators, occupational therapists, other professionals and parents with a guide for the provision of quality occupational therapy services in educational environments in the State of Delaware. They are based on standard professional practice in accordance with State rules and regulations, local school district or agency policy, and the Occupational Therapy Practice Act. They are intended to provide guidance to all who are involved with the administration, delivery, and consumption of occupational therapy services in public school environments and to provide information to the public. These guidelines are based extensively on published guidelines developed by the American Occupational Therapy Association (American Occupational Therapy Association, 1989a). They were reviewed by a variety of occupational therapists working in school settings in Delaware. The guidelines were also accepted by the Executive Board of the Delaware Occupational Therapy Association.

DEFINITIONS

A. Free Appropriate Public Education

Occupational therapy as provided in education settings is considered a "related service". The following definitions are taken from the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN.

"Free appropriate public education" means special education that is specially designed instruction, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions, and related services as defined by State Board of Education rules and regulations and as may be required to assist a handicapped person to benefit from an education that:

1. is provided at public expense, under public supervision and direction, and without charge in the public school system;

2. meets the standards of the State Board of Education as set forth in 14 Del. C., Ch. 31, or in the rules and regulations of the Board; and

3. includes elementary, secondary, or vocational education in the State; and

4. is individualized to meet the unique needs of the handicapped person. 14 Del. C. 3101(2); 34 CFR 300.4.

B. Related Services

"Related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped student to benefit from special education and includes, but is not limited to, speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, medical services for diagnostic or evaluation purposes, school health services, social work services in schools, and parent counseling and training. 34 CFR 300.13

C. Description of Occupational Therapy Services

1. Occupational Therapy

"Occupational therapy is a health profession that utilizes the application of purposeful, goal-directed activity in the assessment and treatment of persons with disabilities. In an educational setting, occupational therapy personnel use activity and adapted surroundings to facilitate the student's independent function and to decrease the effects of the handicapping condition on the student's ability to participate in the educational process." (American Occupational Therapy Association, 1989a, pp. 1.3 - 1.4)

2. Occupational Therapist, Registered (OTR)

The OTR must be a graduate of an accredited occupational therapy educational program; have completed supervised fieldwork in compliance with the American Occupational Therapy Association's Essentials for professional programs; have successfully completed a national certification exam through the American Occupational Therapy Certification Board; and hold a license to practice occupational therapy in the State of Delaware. An OTR employed as a staff therapist must also hold a professional certificate through the Department of Public Instruction.

The educational/clinical background of the OTR includes knowledge of anatomy, neurophysiology, and kinesiology; developmental, behavioral, and social sciences; and occupational therapy theory and treatment modalities (American Occupational Therapy Association, 1989a). The OTR uses this knowledge in an educational setting to design, implement, and evaluate treatment programs which facilitate the development of underlying skills that are prerequisites for academic learning (American Occupational Therapy Association, 1989a).

3. Certified Occupational Therapy Assistant (COTA)

The COTA must be a graduate of an AOTA-approved two year occupational therapy assistant education program; have completed

supervised fieldwork in compliance with the American Occupational Therapy Association's Essentials for assistant programs; have successfully completed the certification exam for COTAs through the American Occupational Therapy Certification Board; and hold a license to assist in the practice of occupational therapy in the State of Delaware.

The educational/clinical background of the COTA includes knowledge of basic anatomy and physiology, human development, psychology, and occupational therapy theory. The COTA assists the OTR in implementing occupational therapy (American Occupational Therapy Association, 1989a).

4. Occupational Therapy Aide

A person who performs support activities in the practice of occupational therapy under the supervision of a licensed OTR. An aide must have an understanding of occupational therapy but does not require advanced or professional training.

Further information regarding roles and functions of occupational therapy personnel in the educational setting and guidelines for supervision of occupational therapy personnel is available through the AOTA (American Occupational Therapy Association, 1986, 1989a).

D. Description of Physical Therapy Services

1. Physical Therapy

"Physical therapy" means the evaluation, instruction or treatment of any person to detect, assess, prevent, correct, alleviate or limit physical disability from injury or disease and any other physical and/or mental condition, by the utilization of the effective properties of physical measures, activities and devices such as heat, cold, light, air, water, sound, electricity, massage, mobilization, therapeutic exercises and rehabilitative procedures including training in functional activities, with or without assistive devices. Physical therapy also includes the supervision of physical therapy activities, physical therapy consultation and the establishment and modification of physical therapy programs. Physical therapy shall not include radiology, surgery, drugs or authorize the medical diagnosis of disease. (24 Del. C., Ch. 26)

2. Physical Therapist, Physical Therapy Curricula and Pediatric Physical Therapist

The physical therapist is a health care professional licensed to practice physical therapy in the State of Delaware, according to Delaware Physical Therapy Law. 24 Del.C., Ch 26 The physical therapist shall have graduated from an accredited physical therapy

program with entry-level credentials (bachelor's degree, master's degree, or post baccalaureate certificate) in physical therapy or its equivalent. (An equivalent educational program is an educational program located outside the United States and its territories that has been evaluated and determined to provide the equivalent to entry-level baccalaureate preparation of a United States accredited educational program for the physical therapist.) The program is accredited by the Commission on Accreditation in Physical Therapy or by another agency previously recognized for accrediting physical therapist educational programs.

Physical therapy curricula places emphasis on the assessment and treatment of musculoskeletal, neuromuscular, and cardiopulmonary disorders. Focus is placed on body control, alignment, and balance in locomotor/mobility/functional skills. The physical therapy curricula also includes supervised fieldwork in a variety of physical therapy settings. The skills of the physical therapist will depend upon his/her professional training, post graduate courses, experience, and areas of specialization.

The pediatric physical therapist is a licensed physical therapist who concentrates on the assessment, treatment, and prevention of medical and developmental conditions as the conditions uniquely affect children. This includes management of traumatic, developmental, and systematic disorders and encompasses all appropriate evaluative, habilitative and rehabilitative procedures used in clinical practice (from American Physical Therapy Association, Section on Pediatrics Bylaws, March, 1978). Pediatric physical therapists acquire advanced training and experience in working with infants and children with special needs through graduate course work and/or professional continuing education seminars.

The physical therapist practicing in the school setting is a licensed physical therapist who provides services for students with identified physical disability, motor deficiency, and/or developmental delays which interfere with the student's ability to benefit from special education. Physical therapists have the skills to evaluate students with handicaps having a variety of sensory and motor disabilities. Physical therapists plan and implement programs that will help these students attain their optimal educational potential and benefit from special education. Physical therapists should assume a role in the development of a student's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and make recommendations for increasing a student's ability to participate in educational activities. In addition, physical therapists contribute unique administrative, consultative, management, and teaching skills that help modify the educational environment so that students with special needs may benefit from their educational placement. (APTA Policy

Statement: Physical Therapy Practice in Educational Environments, June, 1989)

3. Physical Therapist Assistant (PTA)

The Physical Therapist Assistant shall mean an individual who shall have received an associate degree as a Physical Therapist Assistant from an approved school of physical therapy who has not been licensed to practice physical therapy in the State of Delaware. The PTA is trained to work under the direction of, and as an assistant to, the physical therapist in administering physical therapy programs. Current legislation requires supervision of the PTA by a licensed physical therapist.

4. Physical Therapy Aide

The physical therapy aide is an unlicensed individual who has been specifically trained on the job by a physical therapist to perform designated routine tasks related to the operation of a physical therapy service.

E. Relationship of Occupational Therapy and Physical Therapy Services

Occupational therapy and physical therapy are complementary services. They are two distinct and quite different professions with each profession having expertise in specific areas. Both physical therapists and occupational therapists receive training and clinical experience in normal and abnormal (atypical) development and assessment/treatment of children with varying degrees of developmental delay, neurological deficits, and/or neuromuscular disorders.

1. Primary Focus of Occupational Therapy

Occupational therapists primarily focus their attention on:

a. Occupational Therapy Performance Areas

1) Daily living skills such as hygiene, feeding/eating, dressing, and socialization.

2) School/work activities such as pencil control and pre-vocational skills.

3) Play/leisure skills.

4) Vocational skills.

b. Occupational Therapy Performance Components

1) Sensory motor skills such as sensory awareness, sensory processing, and perceptual skills.

2) Neuromuscular functioning such as range of motion, muscle tone, and endurance as related to the above Occupational Therapy Performance Areas.

3) Motor skills, especially fine motor coordination/ dexterity, visual-motor integration, and oral-motor control.

4) Cognitive components such as arousal, attention span, sequencing, problem solving, and generalization of learning.

5) Psychosocial/Psychological components such as interests, self-concept, social conduct, self-expression, time management, and self control.

2. Primary Focus of Physical Therapy

Physical therapists primarily focus their attention on:

a. Mobility and gait training, and the use of mobility equipment.

b. Transfer skills.

c. Acquisition of developmental milestones, particularly in the gross motor area in children with atypical development.

d. Prevention and management of orthopedic and postural problems, particularly in the lower extremities and trunk, and the use of prosthetic and orthotic equipment.

e. Physical adaptation of school environments to enhance independent function by modifications of architectural barriers and transportation needs.

f. Posture and positioning through recommendations for adaptive equipment and seating to enhance educational and vocational function.

g. Development of neuromuscular, musculoskeletal, and cardiopulmonary systems.

h. Functional living skills, including self-management and mobility.

GUIDELINES

The following guidelines are taken from Guidelines for Occupational Therapy in School Systems (American Occupational Therapy Association, 1989a). Pages 4-1 through 4-10 of the document are included in the Appendix. Each of the eight guidelines corresponds to a Standard of Practice as published by the American Occupational Therapy Association (AOTA).

I. REFERRAL

The referral for occupational therapy services must be based on State rules and regulations (ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN), local school district or agency policy and State licensure law for occupational therapy (Title 24, Chapter 20 of the Delaware Code). Consideration should be given to the provisions outlined in the American Occupational Therapy Association's statement on referral (American Occupational Therapy Association, 1986).

A. A student should be referred to occupational therapy for evaluation when the student has, or appears to have, a dysfunction in any of the following areas:

1. Occupational Performance

   a. Daily living skills
   b. School/work activities
   c. Play/leisure skills
   d. Vocational skills

2. Performance Components

   a. Neuromuscular
   b. Sensorimotor
   c. Psychosocial

For further information on Occupational Performance Areas and Performance Components see American Occupational Therapy Association Uniform Terminology for Occupational Therapy (2nd. ed.). (American Occupational Therapy Association, 1989b)

B. A referral may be originated by teachers, other student services staff, parents, physicians, or a student's Multidisciplinary Team (MDT).

C. If, in the occupational therapist's judgement, there is need for medical management of the student, the occupational therapist shall immediately apprise the appropriate administrator in keeping with the policy of the local school. The therapist shall document this process in the student's file.

D. The occupational therapist becomes involved in a referral and then assumes responsibility for recommending the appropriate amount, nature, and model of service delivery in the intervention setting. The occupational therapist also contributes to the team process of planning for the student's total school program.

E. The occupational therapist in the school setting is responsible for informing educational personnel how to make appropriate occupational therapy referrals.

F. The referral should be written according to a standard format.

II. ASSESSMENT

A. SCREENING

The determination of eligibility for services in the educational setting is an assessment process that may begin with two types of screening. Type 1 will occur before a formal referral procedure and may or may not involve the occupational therapist or the occupational therapy assistant. Type 2 will occur after the formal referral of a student for special education evaluation and it will involve the occupational therapist. The occupational therapy assistant may be involved as appropriate.

1. Type 1 screening is an initial and systematic approach to the identification of students who are at risk for educational problems. Examples of this type include vision and hearing screening and developmental and readiness screening prior to entrance into the educational system.

    a. All screening methods should be appropriate to the chronological, educational, and/or functional level of the student and should not be racially or culturally discriminatory.

    b. The screening should be presented in the student's primary language or mode of communication.

    c. When the occupational therapist is part of the team of professionals providing this type of screening, the results and recommendations should be shared with the student's MDT, parents, and other school personnel, as appropriate.

2. Type 2 screening occurs after the initial referral for special education and is used to determine whether further evaluation procedures are necessary.

    a. The occupational therapist conducts this type of screening process independently, or as a member of the student's MDT. The occupational therapy assistant may be involved, as directed by the supervising occupational therapist.

    b. All screening methods should be appropriate to the chronological, educational, and/or functional level of the

student, and should not be racially or culturally discriminatory.

c. The screening must be presented in the student's primary language or mode of communication.

d. The occupational therapist should share written results and recommendations with the MDT, parent/guardian, and others, in keeping with the policy of the local school district or agency.

B. EVALUATION

1. The occupational therapy evaluation addresses the development, the functional abilities/capacities, and the deficits/limitations, as related to the student's educational level and needs in the following areas:

   a. Occupational Performance

      1) Daily living skills
      2) School/work activities
      3) Play/leisure skills
      4) Vocational skills

   b. Performance Components

      1) Neuromuscular
      2) Sensorimotor
      3) Psychosocial

2. The occupational therapist has the responsibility for planning the evaluation process. The occupational therapy assistant may be involved in the evaluation process, as directed by the occupational therapist, in accordance with Title 24, Chapter 20 of the Delaware Code for licensing of occupational therapists and occupational therapy assistants.

3. The initial occupational therapy evaluation should be completed in accordance with the time limitations as set forth in the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN and local school or agency guidelines.

4. Evaluation materials should be selected on the basis of the nature and severity of the student's disability and administered in accordance with standardized procedures or procedures accepted in clinical practice for determining performance levels.

5. Standardized tests should be used to measure the referral problem, whenever possible. If those tests cannot be used

according to the standardized procedure, or if standardized tests are not available, results should be expressed in a descriptive report, and standardized scales should not be used.

6. Tests and other evaluative material should be prepared and administered in such a way that they are not racially or culturally discriminatory, and they should be presented in the student's primary language or mode of communication.

7. As part of the evaluation process, the occupational therapist should make judgements based on skilled observations and recorded progress during intervention programs.

8. If the results of the evaluation indicate possible deficits in psychosocial, cognitive, physical/medical, or speech/language areas, the occupational therapist should recommend to the multidisciplinary team that the student be referred to the appropriate services and/or request consultation, as indicated.

9. The occupational therapist should document test results in writing and share these results and recommendations with the multidisciplinary team, parent, and others, in accordance with the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN and local school or agency guidelines.

C. REEVALUATION

1. The occupational therapist should reevaluate the student, as needed, during the school year and at the end of the year to keep the Individualized Education Program (IEP) and the occupational therapy intervention plan current. The occupational therapy assistant may be involved, as directed by the occupational therapist.

2. Based on the results of the reevaluation, the occupational therapist should identify the need to make appropriate recommendations to the multidisciplinary team, parent/guardian, and others, in keeping with the policy of the local school district or agency. Such recommendations should be in writing and may include the following:

   a. Continue occupational therapy services (direct, consultation, monitoring).

   b. Refer problems not deemed educationally relevant to occupational therapy services outside the educational environment.

   c. Terminate occupational therapy services.

d. Refer for consultation (e.g., neurological, orthopedic).

e. Refer for additional evaluations (e.g., speech, psychological).

3. In accordance with federal and State rules and regulations, appropriate in-depth reevaluations must be completed at least every 3 years. An occupational therapist may be a member of a 3-year reevaluation team.

III. STUDENT RELATED PLANNING

The occupational therapist contributes to the development of the Individualized Education Program (IEP) and should prepare an occupational therapy intervention plan based on evaluation results of the multidisciplinary team. The occupational therapy assistant may be involved, as directed by the occupational therapist. Both the IEP and the occupational therapy intervention plan must have an impact on the student's ability to benefit from educational experiences.

A. INDIVIDUALIZED EDUCATION PROGRAM (IEP)

1. The IEP goals and objectives should be prepared in accordance with the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN and local school district or agency policies.

2. The occupational therapist should contribute to the IEP process by cooperating with the student, family and multidisciplinary team to establish educationally relevant long-term (annual) goals and measurable short-term objectives.

3. The goals and objectives included in the IEP are the consensus of the team and should not represent the perspective of any one person or profession, but rather reflect the overall needs of the student.

4. The IEP states which services will be provided and their frequency, duration, and date of initiation.

B. OCCUPATIONAL THERAPY INTERVENTION PLAN

1. In addition to the IEP, the occupational therapist should prepare an intervention plan that reflects the philosophical base of occupational therapy, and demonstrates the contribution of occupational therapy to team consensus goals and objectives on the IEP.

2. The occupational therapy intervention plan should include goals and objectives to accomplish IEP objectives and should

specify methods, media, environment, and personnel needed to accomplish the goals and objectives.

3. The occupational therapy intervention plan should be written and must be reviewed and updated according to the policy of the local school district or agency.

IV. INTERVENTION

The occupational therapist is responsible for the provision of intervention activities, procedures, and environmental modifications necessary to implement the goals and objectives of the IEP and the occupational therapy intervention plan. The occupational therapist may assign appropriate components of the intervention process to the occupational therapy assistant.

A. In the educational setting, intervention includes direct therapy, monitoring, and consultation.

1. In direct therapy, the occupational therapist or the occupational therapy assistant has frequent contact with the student, e.g., weekly.

2. In monitoring, the occupational therapist completes the evaluation and develops the intervention plan to enhance IEP goals, but instructs others (teachers, aides, paraprofessionals, volunteers, parents) to carry out the procedures.

a. Contact should be at least two times a month.

b. The occupational therapy assistant participates in the monitoring process, as directed by the occupational therapist.

c. The selection of monitoring intervention should be based on consideration of both the health and safety of the student, and the appropriate procedural precautions.

3. Consultation is a service in which the occupational therapist's expertise is used to help the educational system achieve its goals and objectives. Consultation can be oriented toward the needs of the student, professionals, or the school system.

B. The occupational therapist and the occupational therapy assistant should implement the intervention program according to the program plan. The occupational therapist should formulate and implement program modifications consistent with changes in the student's occupational performance and performance components. Modifications should be documented on the occupational therapy intervention plan.

V. TRANSITION SERVICES

The occupational therapist should participate in providing transition services for students with special needs as they make the transition from home to school, preschool to school, and from school to adult settings, (e.g., independent living, work, community participation).

A. The occupational therapist should participate as a member of the multidisciplinary team that provides individualized assessment and service delivery to facilitate effective transition of students with disabilities from preschool to elementary school.

1. The occupational therapist should assess the student's abilities and needs in light of anticipated demands (self-care, physical, social, emotional, academic) within the elementary school.

2. The occupational therapist should provide services to help the student effectively meet demands (self-care, physical, social, emotional, academic) within current and anticipated educational environments.

B. The occupational therapist should participate as a member of the IEP team, as appropriate, in the development of a written individualized transition plan to assist students with disabilities who are moving from school to adult settings that include employment, community living, and community recreation.

1. The occupational therapist should conduct functional community-referenced assessments to determine individual skills, interests, and needs related to transition.

2. The occupational therapist should participate, as appropriate, in the preparation of a formal individualized transition plan. The transition plan should include relevant, measurable goals and objectives, appropriate training methodology, guidelines, and needed transition services.

3. The occupational therapist should implement the transition plan in cooperation with the multidisciplinary team. Implementation includes identifying the array of services needed to assure the successful transition of students with disabilities into adult settings. The occupational therapist should initiate referrals to appropriate community agencies and/or provide needed services (e.g., direct service, consultation, monitoring), in accordance with school district or agency policies.

4. The occupational therapist should evaluate the effectiveness of occupational therapy transition programs and the extent to which students have achieved desired transition outcomes;

that is, the degree to which the individual is integrated and successful in community living and work environments.

5. The occupational therapist should demonstrate the ability to cooperate with multiple community agencies and systems to promote continuity of transition services and to avoid costly duplication.

VI. DISCONTINUATION

The occupational therapist, in concert with the multidisciplinary team, should recommend discontinuation of occupational therapy services, based on the student's needs, or when the age limit for special education eligibility is reached. Parent/guardian participation should be included in the discharge planning process.

A. The discharge plan should be consistent with the student's goals, functional abilities and deficits, and expected prognosis, and with the recommendations of the multidisciplinary team. Consideration should be given to appropriate community resources and other professionals for referral, and to environmental factors and barriers that may need to be modified.

B. The discharge plan should be consistent with State rules and regulations (ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN), and local school district or agency policy.

C. The occupational therapist should prepare a written discharge report according to a standard format.

VII. DOCUMENTATION

The occupational therapist should prepare all documentation appropriate to the practice of occupational therapy in the school setting.

A. The occupational therapists and the occupational therapy assistant must comply with confidentiality standards employed by school systems, including compliance with State and federal rules and regulations.

B. Occupational therapy referrals should be in writing and in a standard format.

C. The occupational therapist should document the comparison of the initial state of functional abilities and deficits in occupational performance and performance components, and the state of those abilities and deficits at the time of discharge.

D. The occupational therapist should document screening, evaluation, and reassessment results in a written report.

E. The occupational therapist and the occupational therapy assistant should document the occupational therapy services provided in any of the following areas:

1. Direct service: At least one of every four student contacts.

2. Monitoring: At least once a month.

3. Consultation: Following every contact.

F. The occupational therapist, in cooperation with the occupational therapy assistant, should write a summary of each student's progress, when indicated, and include the summary in the student's permanent education file, as needed, to reflect a student's current status. Such reports should be prepared at least once a year.

G. A discharge/exit summary should be prepared by the occupational therapist when a student is discharged from occupational therapy services.

H. The occupational therapist and the occupational therapy assistant should keep records of contacts that are made by telephone, visit, or letter with parents/guardians, physicians and teachers. A brief summary of subjects discussed should be included. Such information should be logged in a standard format.

I. The occupational therapist and the occupational therapy assistant should maintain administrative records necessary to manage the occupational therapy program and to plan for future services.

VIII. MANAGEMENT

The occupational therapist should provide the appropriate management necessary to ensure the efficient organization and delivery of occupational therapy services.

A. The management functions for the occupational therapist may include the following:

1. Professional supervision of the occupational therapy staff.

2. Supervision and training of other personnel and volunteers assigned to occupational therapy.

3. Participation in evaluating the performance of occupational therapy assistants, volunteers, and other personnel assigned to occupational therapy.

4. Design and periodic review of all aspects of the occupational therapy program to determine its effectiveness, efficiency, and future directions.

5. Systematic review of the quality of service delivered, using criteria established by professional consensus and current research and theory.

6. Participation in budget planning and responsibility for budget implementation.

B. The occupational therapist and the occupational therapy assistant must maintain the appropriate license as required by State licensure law. Consideration should also be given to roles outlined by the American Occupational Therapy Association. (American Occupational Therapy Association, 1989a)

C. The occupational therapist and the occupational therapy assistant should maintain current knowledge of community resources.

D. The occupational therapist and the occupational therapy assistant should maintain and update professional knowledge and skills through continuing education.

E. The occupational therapist and the occupational therapy assistant should maintain current knowledge of special education trends on local, state, and national levels.

F. The occupational therapist and the occupational therapy assistant should seek consultation from others when specialized expertise is necessary.

REFERENCES

American Occupational Therapy Association. (1986). Reference manual of the official documents of the American Occupational Therapy Association, Inc., Rockville, MD: Author.

American Occupational Therapy Association. (1989a). Guidelines for occupational therapy services in school systems, (2nd ed.) Rockville, MD: Author.

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4. *Standards of Practice for Occupational Therapy Services in Schools*

Since 1975 federal legislation has made available "a free appropriate public education which emphasizes special education and related services" (Education Act, 1985) to students with a wide range of handicapping conditions. Occupational therapy is included as a "related service" in state laws that govern educational programs for exceptional students.

In an educational setting, occupational therapists and occupational therapy assistants use activities and environmental modifications to facilitate the student's independent function and to decrease the effects of the handicapping condition on the student's ability to participate effectively in the education process.

These standards of practice are provided to assist members of the American Occupational Therapy Association (AOTA) and school administrators in implementing occupational therapy services in the school systems. These standards by themselves cannot be interpreted to constitute a standard of practice in any particular locality. The occupational therapist shall manage the occupational therapy program in accordance with all available Standards of Practice, as defined by AOTA.

This document is intended for use in conjunction with the *Guidelines for Occupational Therapy Services in Schools* approved by the Representative Assembly 1986. Published by the American Occupational Therapy Association.

Definitions used in this document are consistent with the definitions used in the Occupational Therapy Product Output Reporting System and Uniform Terminology for Reporting Occupational Therapy Services. See *Reference Manual of the Official Documents of the American Occupational Therapy Association* (1986, pp. VIII.11–VIII.25). Published by the American Occupational Therapy Association.

These standards apply to registered occupational therapists and occupational therapy assistants who are certified and, where required by the state, licensed.

Occupational therapy assistants must receive supervision from an occupational therapist as defined by the *Guide for Supervision of Occupational Therapy Personnel* (*Reference Manual*, 1986, pp. VIII.1–VIII.2) and as reflected in the *Guide to Classification of Occupational Therapy Personnel* (*Reference Manual*, 1986, pp. VIII.3–VIII.10). It is the responsibility of the supervising occupational therapist to ensure, according to existing role delineation, that these standards are enforced.

Standard I: Referral

The referral for occupational therapy services must be based on the rules of the state education agency and the provisions outlined in the AOTA statement on referral and state licensure laws.

A. A student should be referred to occupational therapy for evaluation when the student has or appears to have a dysfunction in any of the following areas:
   1. Occupational Performance
      a. daily living skills
      b. school/work activities
      c. play/leisure skills
      d. vocational skills
   2. Performance Components
      a. neuromuscular
      b. sensorimotor
      c. psychosocial
      d. cognitive (this does not include psychometric testing)

B. A referral may originate through the regular education process or the special education planning committee (including teachers, other student services staff, parents, physicians, etc.).

C. If in the occupational therapist's judgment there is need for medical management of the student, the occupational therapist shall immediately apprise the education planning committee in keeping with the policy of the local education agency. The therapist shall document this process in the student's file. Licensing laws or state and local education agency policies may require a physician's referral, and the occupational therapist should comply.

D. The occupational therapist responds to a request for service by the educational planning committee, becomes involved in a case using professional judgment, and then assumes full responsibility for the determination of the appropriate amount, nature, and model of service delivery in the intervention setting. The occupational therapist also contributes to the team process of planning for the student's total school program.

E. The occupational therapist in the school setting is responsible for informing educational personnel how to make appropriate occupational therapy referrals.

Standard II: Assessment

The occupational therapist shall assess the student's functional performance.

A. Screening: The determination of eligibility for services in the educational setting is an assessment process that may begin with two types of screening. Type 1 will occur *prior* to a formal referral procedure and may or may not involve the occupational therapist or the occupational therapy assistant. Type 2 will occur *after* the formal referral of a student for special education evaluation and shall involve the occupational therapist. The occupational therapy assistant may be involved as appropriate.

1. Type 1 screening is an initial and systematic approach to the identification of students who are at risk because of specific educational problems. Examples of this type include vision and hearing screening and developmental and readiness screening prior to entrance into kindergarten.

   a. This type of screening should allow the school district to collect baseline data to provide early intervention programming if indicated and to develop a referral for further testing as directed by the supervising occupational therapist.

   b. This type of screening should be used with entire classrooms or entire schools.

   c. All screening methods shall be appropriate to the chronological, educational, and/or functional level of the student and shall not be racially or culturally discriminatory.

   d. When the occupational therapist is part of the team of professionals providing this type of screening, the results and recommendations shall be shared with the special education planning committee, parents, and other school personnel as appropriate.

2. Type 2 screening occurs after the initial referral and is used to determine whether further evaluatiop procedures are necessary.

   a. The occupational therapist conducts this type of screening process independently or as a member of the special education team. The occupational therapy assistant may be involved as directed by the supervising occupational therapist.

   b. All screening methods shall be appropriate to the chronological, educational and/or functional level of the student and shall not be racially or culturally discriminatory.

c. The occupational therapist shall share the results and recommendations with the special services committee (this committee is called by various names in different states, but has the primary responsibility for identification, evaluation, and placement of handicapped students in special education and related services) and the Individual Education Program (IEP) committee.

B. Evaluation

1. The occupational therapist has the responsibility for planning the evaluation process. The occupational therapy assistant shall be involved in the evaluation process as directed by the occupational therapist in such areas as administering standardized tests, completing checklists, collecting data, and reviewing records.
2. The initial occupational therapy evaluation shall be completed according to the time frames established by federal and/or state rules and regulations.
3. The occupational therapy evaluation addresses the development, the functional abilities/capacities, and the deficits/limitations as related to the student's educational level and needs in the following areas:
   a. Occupational Performance
      1) daily living skills
      2) school/work activities
      3) play/leisure skills
      4) vocational skills
   b. Performance Components
      1) neuromuscular
      2) sensorimotor
      3) psychosocial
      4) cognitive (this does not include psychometric testing)
4. If the results of the evaluation indicate possible deficits in psychosocial, cognitive, physical/medical, or speech/language areas, the occupational therapist shall recommend to school personnel that the student be referred to the appropriate services and/or request consultation as indicated.
5. All evaluation methods shall be appropriate to the chronological age and/or functional level of the student and shall identify present level of function. The methods may include, but need not be limited to, skilled observation of activity performance, interview, record review, standardized tests (comparing the individual with others), criterion-referenced tests (telling what an individual is able to do), and informal assessments.
6. If at all possible, standardized tests should be used to measure the referral problem. Standardized tests are those whose scores are based on accompanying norma-

tive data, which may reflect age ranges, sex, ethnic groups, geographic regions, and socioeconomic status. If standardized tests are not available, the results shall be expressed in a descriptive report, and standardized scales shall not be used.

7. Tests and other evaluative material used in placing handicapped students will be prepared and administered in such a way that they are not racially or culturally discriminatory, and they will be presented in the student's primary language.

8. As part of the evaluation process, the occupational therapist shall make judgments based on skilled observations and recorded progress during intervention programs.

9. The occupational therapist shall share the results of the evaluation and recommendations with appropriate school personnel and parents.

C. Reassessment

1. The occupational therapist shall reevaluate the student as needed during the school year and at the end of the year to keep the IEP and the occupational therapy intervention plan current. The occupational therapy assistant shall be involved as directed by the occupational therapist.

2. Based on reassessment results, the occupational therapist shall identify the need to make appropriate recommendations to the school-based special education planning committee, such as the following:

   a. continue occupational therapy services (direct, consultation, monitoring)
   b. refer problems not deemed educationally relevant to occupational therapy services outside the educational environment
   c. terminate occupational therapy services
   d. refer for consultation (e.g., neurological, orthopedic)
   e. refer for additional evaluations (e.g., speech, psychological)

3. In accordance with federal law, appropriate in-depth reassessments must be completed at least every 3 years. An occupational therapist may be a member of a 3-year reassessment team for a student who is not presently receiving occupational therapy services. If student needs warrant occupational therapy services, then an occupational therapy referral is necessary.

Standard III: Student-Related Planning

The occupational therapist shall contribute to the Individualized Education Program (IEP) and shall prepare an occupational therapy intervention plan based on evaluation results of the education evaluation team. The

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occupational therapy assistant shall be involved as directed by the occupational therapist. Both the IEP and the occupational therapy intervention plan must have an impact on the student's ability to benefit from educational experiences.

A. Individualized Education Program (IEP)

1. The IEP goals and objectives shall be prepared according to the time frames established by federal laws, state laws, state rules and regulations, and local education agency rules and policies.
2. The occupational therapist shall contribute to the IEP process by cooperating with student/family/educational staff to establish educationally relevant long-term (annual) goals and measurable short-term objectives.
3. The goals and objectives included in the IEP shall be the consensus of the team and shall not represent the perspective of any one profession but rather reflect the overall needs of the student.
4. The IEP shall state which services will be provided and their frequency, duration, and date of initiation.

B. Occupational Therapy Intervention Plan

1. In addition to the IEP, the occupational therapist shall prepare an intervention plan that reflects the philosophical base of occupational therapy and demonstrates the contribution of occupational therapy to team consensus goals and objectives on the IEP. This plan will be analogous to a teacher's daily lesson plan.
2. The occupational therapy intervention plan shall include goals and objectives to accomplish IEP objectives and shall specify methods, media, environment, and personnel needed to accomplish the goals and objectives.
3. The occupational therapy assistant shall be involved as directed by the occupational therapist.

Standard IV: Intervention

The occupational therapist and the occupational therapy assistant shall provide intervention activities, procedures, and environmental modifications necessary to implement the goals and objectives of the IEP and the occupational therapy intervention plan.

A. In the educational setting, intervention includes direct therapy, monitoring, and consultation.

1. In direct therapy, the occupational therapist or the occupational therapy assistant has contact with the student at least once a week.
2. In monitoring, the occupational therapist completes the evaluation and develops the intervention plan to enhance IEP goals, but instructs others (teachers, aides,

paraprofessionals, volunteers, parents) to carry out the procedures.

a. Contact shall be at least two times a month.

b. The occupational therapy assistant participates in the monitoring process as directed by the occupational therapist.

c. The selection of monitoring intervention shall be based on consideration of both the health and safety of the student and the appropriate procedural precautions.

3. Consultation is a service in which the occupational therapist's expertise is used to help the educational system achieve its goals and objectives. Consultation can be oriented toward the needs of the student, professionals, or the school system.

B. The occupational therapist and the occupational therapy assistant shall implement the program according to the program plan and shall formulate and implement program modifications consistent with changes in the student's occupational performance and performance components.

Standard V: Transition Services

The occupational therapist shall participate in providing transition services for students with special needs as they make the transition from preschool to school and from school to adult roles (e.g., independent living, work, community participation).

A. The occupational therapist shall participate as a member of the multidisciplinary team that provides individualized assessment and service delivery to facilitate effective transition of students with disabilities from preschool to elementary school.

1. The occupational therapist shall assess the student's abilities and needs in light of anticipated demands (self-care, physical, social, emotional, academic) within the elementary school.

2. The occupational therapist shall provide services to help the student effectively meet demands (self-care, physical, social, emotional, academic) within current and anticipated educational environments.

B. The occupational therapist shall participate as a member of the multidisciplinary team in the development of an individualized transition plan to assist students with disabilities who are moving from school to adult roles that include employment, community living, and community recreation.

1. The occupational therapist shall conduct functional community-referenced assessments to determine individual skills, interests, and needs related to transition.

2. The occupational therapist shall participate in preparing a formal individualized transition plan. The transition plan must include relevant, measurable goals and objectives, appropriate training methodology, guidelines, and needed transition services.

3. The occupational therapist shall implement the transition plan in cooperation with the multidisciplinary team. Implementation includes identifying the array of services needed to assure the successful transition of students with disabilities into adult roles. The occupational therapist shall initiate referrals to appropriate community agencies and/or provide needed services (e.g., direct service, consultation, monitoring).

4. The occupational therapist shall evaluate the effectiveness of transition programs and the extent to which students have achieved desired transition outcomes—that is, the degree to which the individual is integrated and successful in community living and work environments.

5. The occupational therapist shall demonstrate the ability to cooperate with multiple community agencies and systems to promote continuity of transition services and to avoid costly duplication.

Standard VI: Discontinuation

The occupational therapist shall discontinue occupational therapy services when the IEP process warrants it, when the physician no longer provides a referral (if required), or when the age limit for special education eligibility is reached.

A. The discharge plan shall be consistent with the student's goals, functional abilities and deficits, and expected prognosis and with the goals of the educational planners. Consideration should be given to appropriate community resources and other school professionals for referral and to environmental factors and barriers that may need to be modified.

B. The discharge plan shall be consistent with the discharge plan of other educational planners.

Standard VII: Documentation

The occupational therapist shall prepare all documentation appropriate to the practice of occupational therapy in the school setting.

A. The occupational therapist and the occupational therapy assistant shall comply with confidentiality standards used by school systems.

B. Occupational therapy referrals shall be in writing and in a standard format.

C. The occupational therapist shall document the comparison of the initial state of functional abilities and deficits in occupational performance and performance compo-

nents and the state of these abilities and deficits at the time of discharge.

D. The occupational therapist shall document screening, evaluation, and reassessment results in a written report.

E. The occupational therapist and the occupational therapy assistant shall document the occupational therapy services provided in any of the following areas:

1. Direct service: at least one of every four student contacts.
2. Monitoring: at least once a month.
3. Consultation: following every contact.

F. The occupational therapist in cooperation with the occupational therapy assistant shall write a summary of each student's progress when indicated and include it in the student's permanent educational file as needed to reflect a student's current status. Such reports will be prepared at least once a year.

G. A discharge/exit summary will be prepared by the occupational therapist when a student is discharged from occupational therapy services.

H. The occupational therapist and the occupational therapy assistant shall keep records of contacts that are made by telephone, visit, or letter with parents, doctors, and teachers. A brief summary of subjects discussed should be included.

I. The occupational therapist and the occupational therapy assistant shall maintain administrative records necessary to manage the occupational therapy program and to plan for future services.

Standard VIII: Management

The occupational therapist shall provide appropriate management necessary to ensure the efficient organization and delivery of occupational therapy services.

A. The management functions for the occupational therapist include:

1. Professional supervision of the occupational therapy assistant.
2. Supervision and training of other personnel and volunteers assigned to occupational therapy.
3. Participation in evaluating the performance of occupational therapy assistants, volunteers, and other personnel assigned to occupational therapy.
4. Design and periodic review of all aspects of the occupational therapy program to determine its effectiveness, efficiency, and future directions.
5. Systematic review of the quality of service delivered, using criteria established by professional consensus and current research and theory.

6. Participation in budget planning and responsibility for budget implementation.

B. The occupational therapist and the occupational therapy assistant shall maintain appropriate license and/or certification as required by state regulations.

C. The occupational therapist and the occupational therapy assistant shall maintain current knowledge of community resources.

D. The occupational therapist and the occupational therapy assistant shall maintain and update professional knowledge and skills from others through continuing education.

E. The occupational therapist and the occupational therapy assistant shall maintain appropriate current knowledge of special education trends on local, state, and national levels.

F. The occupational therapist and the occupational therapy assistant shall seek consultation from others when specialized expertise is necessary.

References

Education of the handicapped act (EHA), Part A, 601 (C), 20 U.S.C. 1401, (1985).

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Approved by the Representative Assembly April 1987.